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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Franciscus C. Caris et al. **Examiner:** Beatriz Prieto
Serial No: 09/653,784 **Art Unit:** 2142
Filed: September 1, 2000 **Docket:** US000220 (17984)
For: STB CONNECTS REMOTE TO
WEB SITE FOR CUSTOMIZED
CODE DOWNLOADS **Dated:** January 12, 2005
Confirmation 5607
No.:

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE UNDER 37 C.F.R. §1.111

Sir:

This is a response to the non-final Office Action dated November 8, 2004.

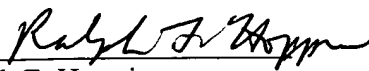
Amendments to the Claims begin on page 2.

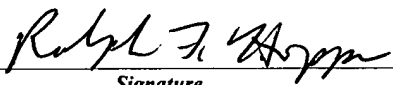
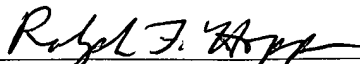
Remarks begin on page 9.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 12, 2005.

Dated: January 12, 2005


Ralph F. Hoppin

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. US000220 (179804)	
Applicant(s): Franciscus C. Caris et al.					
Application No. 09/653,784	Filing Date September 1, 2000	Examiner Beatriz Prieto	Customer No. 23389	Group Art Unit 2142	Confirmation No. 5607
Invention: STB CONNECTS REMOTE TO WEB SITE FOR CUSTOMIZED CODE DOWNLOADS					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21 -	21 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	7 -	7 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature			Dated: January 12, 2005		
Ralph F. Hoppin Registration No. 38,494 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza, Suite 300 Garden City, New York 11530			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <div style="text-align: center;"> 1-12-05 (Date) </div> <div style="text-align: center;">  Signature of Person Mailing Correspondence </div> <div style="text-align: center;"> Ralph F. Hoppin Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					